

THE HPPO

The Hospital Preparedness Program Observer

SEPTEMBER 9, 2014

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SHARING OUR STORIES

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Natalie Palmlund, from Avera DeSmet, shares her story of deploying with SERV SD to the Sturgis Rally.
- **Pages 11 & 12**
Inter-regional photos!

2014 INTER-REGIONAL MEETING

Thank you to everyone who attended the 2014 South Dakota Healthcare Coalition Inter-regional Meeting at Cedar Shores. The June meeting provided an opportunity for all four regions to come together to share stories, ideas, best practices and lessons learned.

We were fortunate this year to have several presentations covering a wide range of topics. Dr. Jim Morrison and Christine Reeves shared their stories of the hospital and coalitions preparedness, response and recovery that took place surrounding the West, Texas explosion. We also had presentations from Jan Clites

(State of the Coalition and Plan Updates), Traci Pole (Federal Update), Heather Messer (911/eICS/Hospital Partnership), Greg Santa Maria and Kevin Schlosser (2015 Exercise Plan Writing) and Julie Schultz and Sandy Frentz (Response to Wessington Springs Tornado).

The awards for Outstanding Emergency Preparedness for Partnership, Planning and Response were also presented. Congratulations to Avera St. Luke's (Planning), and Avera McKennan (Partnership and Response).

We also had a chance to relax and do some networking, meet-

ing and greeting at the evenings social event. We had barbecue, volleyball, beanbag tossing and even a search & recovery mission (see page 10). We look forward to seeing everyone at next year's Inter-regional meeting. *(Additional photos from this year's event are on pages 11 & 12)*



Chris Larson of Avera St. Luke's and Kevin Schlosser of Avera McKennan after accepting their facilities Partnership Awards.

WHY IS EVERYONE IN SUCH A RUSH TO FALL?

Wow! I cant believe September is already here. The kids are hitting to the books, the pools are closed and the sun is starting to set a little earlier each day. With cooler temps it seems like summer has been sneaking by.

But it is still September, right? So why the heck are the stores already stocking the shelves with Halloween candy...right next to the Christmas decorations!

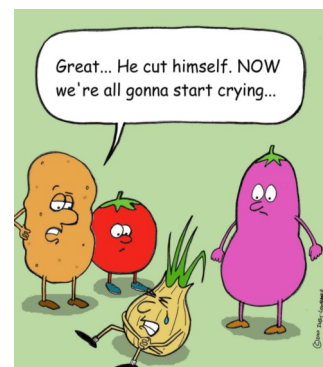
Gee whiz! I'm gonna be mowing my lawn for at least another 6 weeks. And I'm no where

near ready to push my grill back into the garage.

Don't be tricked into thinking it's fall already! Keep wearing capris! Go on a picnic! And don't be too quick to trade in that glass of iced tea for a mug of hot cocoa. Summer isn't over quite yet.

So grab a popsicle, put on your shades and head outside to read this edition of the HiPPO. There's still plenty of summer to enjoy!

-Sam Hill
Editor in Chief



I just put this cartoon in here because the put-out potato cracks me up!

HPP PROGRAM

Moving on....

Most of you have had the opportunity to meet and work with Traci Pole, our HPP Field Project Officer.

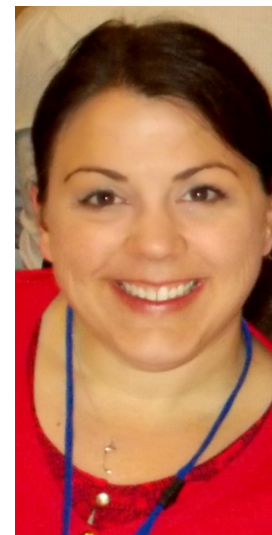
Traci has accepted a position with the Region VIII Office of the Assistant Secretary for Health (OASH) as a public health advisor for the Title X-Family Planning Grant. This program plays a critical role in ensuring access to a broad range of family planning and related preventive health

services for millions of low-income or uninsured individuals and others. After a number of years in preparedness (public health and medical), she is eager for the opportunity to work in this arena of public health.

Traci sent a message stating, "While I am excited about my new role, I am certainly going to miss each and every one of you and our conversations. I wanted to thank each of you for the lessons, the

support, the friendship, and the laughter over the years. I feel truly blessed to have been a part of the innovative preparedness work carried out in America's heartland. I also look forward to watching you address the challenges of tomorrow. ☺"

Traci has been a huge part of our success with the HPP program in South Dakota and we wish her the best as she takes on her new position.



REGION 1-NEW REGIONAL COORDINATOR



Andy Klitzke
HPP Region 1
Coordinator

It's official. Andy Klitzke is the new Region 1 Coordinator.

Andy started with the Department of Health in December of 2009. Prior to this move to Region 1, Andy served as the Regional Coordinator for the Region 2 Coalition covering north east South Dakota.

While he will miss friends and colleagues in Region 2, he looks forward to building relationships with the members of the Region 1 Coalition.

Andy's other responsibilities at the Department of Health include managing the HPP grant, recruiting healthcare volunteers for the Statewide Emergency Registry of Volunteers (SERV SD), and facilitating public health and medical planning activities for the 2015 Sturgis Motorcycle Rally.

In 2008, Andy earned a Master's Degree in Health Services Administration from the University Of Michigan School Of Public Health.

In his free time, Andy can be found playing league style Ultimate Frisbee, performing on stage with the Pierre Players Community Theater and he enjoying a wide variety of board games.

One of his favorite games is a cooperative game called *Pandemic* where the players struggle to control disease outbreaks across the globe. So now we know who to call if an outbreak makes it to SD!

REGION 2-HAZMAT DRILL GETS FAULKTON STAFF SUITED UP!



Faulkton Area Medical Center (FAMC) held a two-day decontamination training on June 23 and 24, 2014.

FAMC employees and Faulk County Sheriff's Department attended the training which was extensive and outstanding.

These individuals participated in eight hours of training, including hands-on, offered

by instructor Keith Sharisky, Aberdeen Fire and Rescue, FF/Paramedic and co-instructor Mike Roemmich.

Training included 4 sessions over the course of two days. FAMC's decontamination room was utilized to treat 7 patients involving a potentially "hazardous material."



REGION 3- STORM IMPACTS MEDICAL CENTER STAFF

In Canton, South Dakota nearly 9 inches of rain fell on the afternoon and early evening of Monday, June 16th, flooding most of the town. On the outskirts of town, what was typically a creek had grown to the size of a lake swallowing up construction equipment, corn fields and damaging the foundation of a railroad track. Many homes and businesses found themselves surrounded and flooded by the fast rising waters.

Some visitors and locals became stranded in Canton due to flooded roads. And at Sanford Canton-Inwood Medical Center, some staff were strand-

ed as well. When the flood waters came up, the highway in front of the hospital was flooded and nobody was able to get in or out.

Fortunately, despite the major flooding, there were no reports of serious injuries. However, that night the hospital had 28 staff that had to shelter in place. They made use of empty beds and physical therapy tables to get some rest through the night. By morning, the water had receded and it was back to business for the staff.

But as the weather began to roll in on Monday afternoon,

Sanford Canton-Inwood Medical Center Emergency Manager, Greg Briden, was able to step out the back door of the hospital and capture this amazing photo of the approaching storm.



REGION 4-BACK IN THE SWING OF THINGS

End of Year Reports Are Due!

Please be sure that you have submitted your funding report for Award Year 12 (July 1, 2013 - June 30, 2014) and that hospitals have also submitted the HPP Award Year 12 End of Year Report.

These reports are important to the HPP program in tracking the grants and activities of all healthcare coalition partners.

This information helps us convey the need for the continuation of HPP funding and the importance of the Healthcare

Coalitions. Our office is also processing Award Year 13 grants, so please be looking for those grants in the mail.

If you're having any trouble logging in, seeing the report or gathering the information you need, please contact me and I'll be happy to help in any way I can.

For samples of the EOY Worksheet, the path to last years report or instructions on logging in to this years report, please contact your regional coordinator.

Next Region 4 Meeting

Hard to believe, but summer is almost over and fall is coming very quickly. School has started and we all seem to be adjusting our routines.

Region 4 HCC will be getting back into the swing of our regular meetings too. The next Region 4 meeting will be on Wednesday, September 17th at Avera Queen of Peace Hospital in Mitchell. Hope to see all of you there.

Impress your friends with random facts!!

Did you know your forearm (from inside of your elbow to the inside of your wrist) is the same length as your foot?

Go ahead...no ones looking...try it.



Just look at that genuine excitement!!

LADIES AND GENTLEMAN, WE HAVE A WINNER!

Congrats to Sherry Turner at Faulkton Area Medical Center! She was the first one to spot my "strangely placed" name (Sam Hill) in the new HPP Partner and Resource Guide.

For her diligent sleuthing, Sherry was the winner of the "fabulous prize"! A prize so fabulous I had to put a note on it that said "Fabulous Prize" so she wouldn't just toss it in the garbage! It was a DVD called Game Show Moments

Gone Bananas! (I found it in a bin of movies for 99¢ at Menards one day.)

Nonetheless, Sherry said she and her husband watched it while they were camping, and they were busting a gut! Yay, Sherry!!

(PS~I'm still not telling where it is, but Sherry might for another "fabulous" prize!)



THE PARTNERSHIP PROJECT



The Partnership Project has been wrapped up for another year. Unspent funds have been used in each Region for purchase of requested supplies and equipment. A final report was sent to the Leadership at the end of June summarizing the activities of the Project for this year as well as some activities that continue into the next grant year.

The regional plan has been enhanced to provide assistance should there be mass fatalities, the need for a Family Emergency Center, addresses responder safety and health, and some other updates. Each Region's eICS Library has the Regional Plan in a file under **Plans and Documents** (labeled as June 2014 Plan) so members can select a specific section of the Plan rather than 'scroll down' through the entire plan should you need to refer to it for information or assistance. As we view the regional plan as ever-evolving and changing to meet the coalitions' needs, the importance of input from planning partners cannot be over emphasized.

This grant year provided education, training, and exercise to prepare for an *Active Shooter* event. And, planning partners provided valuable information on the status of COOP and Recovery Planning. Thank you to the Leadership and all Planning Partners for the continued participation and support of the Partnership activities. It is with the strength of 'partners' the Healthcare Coalitions will continue to grow.

Jan Clites

Consultant/Coordinator

HPP Partnership Project



FLU VACCINE AVAILABLE FOR POD EXERCISES



An RN Student Vaccinator gives a girl her flu shot at a POD in Yankton last year.

As in previous years the Immunization Program is providing free flu vaccine for PODS to children 18 years and younger. Flu vaccine needed for POD exercises targeting children 18 and younger should be ordered through Tim Heath.

Through the Public Health Preparedness Grant we were able to purchase flu vaccine to immunize Adults during POD exercises such as volunteers.

There is not a large supply of flu vaccine to immunize adults and I would discourage you from targeting a large adult population for your POD event. Flu Vaccine needed to immunize adults for POD Exercises should be requested through Scott Gregg.

Flu Vaccine Contacts: South Dakota Department of Health

For Children (18 or younger)
Tim Heath

Tim.Heath@state.sd.us

For Adults
Scott Gregg

Scott.Gregg@state.sd.us

THE HUNGRY, HUNGRY HIPPO

Baked Oatmeal Sandy Frentz-Sioux Falls Health Dept. Region 3

1 cup milk
 ½ cup sugar
 ½ cup plain yogurt
 2 eggs
 1 tsp vanilla
 1 tbsp baking powder

½ tsp salt
 ½ tsp cinnamon
 3 cups old fashioned or rolled oats
 1 cup fruit (blueberries work great)
 1 tsp cinnamon sugar



Grease a 9-inch square baking pan and set aside.

In a large bowl, combine the milk, sugar, yogurt, eggs, vanilla, baking powder, salt, cinnamon and oatmeal. Mix well. Fold in the fruit.

Spread the mixture in the prepared pan and sprinkle with cinnamon sugar.

Cover and refrigerate overnight (or at least a few hours).

Bake, uncovered, in a preheated 350° oven for about 30-35 minutes.

Serve warm with yogurt and additional fruit.

Enjoy!



The Hungry, Hungry Hippo says,

"I loves me some oats!"

SERV SD VOLUNTEERS DEPLOY TO STURGIS RALLY

Well, now I can say I went to Sturgis for the Rally, and I even have the t-shirt to prove it!

This year was the second year that SERV SD partnered with the American Red Cross to provide first aid during the Sturgis Rally, and I have to say it was such a fun time that I would do it again.

Jennifer Anderson, a co-worker of mine at Avera De Smet Memorial Hospital, and I arrived in Rapid City at the Red Cross office on Sunday evening. Michelle and Dan at the Red Cross had all the arrangements made for us to stay there at the office (the cots were surprisingly comfortable). We were scheduled to work Monday-Wednesday, and we were definitely thankful for the ride back and forth to Sturgis- as the traffic was crazy.

Once there, we helped set up the stations. We were well stocked with dressings and supplies, an AED, and a few medications. Once we got set up it was hurry up and wait which is not hard to do during the Rally- lots of people to watch. We saw several people each day, treating various wounds. Burns were common- sunburns and tailpipe burns.

The people we served were very thankful for the treatment and very polite. We saw people from all over the US and around the world.

We had such a good time we are hoping to return next year for the 75th Annual Sturgis Rally and maybe go to the Buffalo Chip for a concert (but don't tell our husbands!).

Natalie Palmlund-RN
 Avera DeSmet Memorial Hospital
 SERV SD Volunteer

[Click here](#) to register for SERV SD!



Avera DeSmet nurses Natalie Palmlund (kneeling) and Jennifer Anderson (standing) render first aid to a Sturgis Rally attendee in the Red Cross tent.

THE SOUTH DAKOTA DOH OFFICE OF PUBLIC HEALTH AND PREPAREDNESS IS PLEASED TO INTRODUCE YOU TO OUR NEWEST TEAM MEMBER

Jennifer Eirikson joined us in July as the new Region 2 HPP Coordinator. Andy Klitzke will now be the Region 1 Coordinator.

Jennifer is originally from Blaine, MN and attended college at Saint Mary's University in Winona, MN. For the past 3 years Jen was living in St. Paul, earning a M.S. in Chemistry from the University of Minnesota. Before coming to South Dakota she was working for Pace Analytical Inc. as a contractor at 3M Cottage Grove working with Environment, Health, and Safety programs and OSHA compliance.

Jen now lives in Pierre with her husband Ben, who also took a new position with the state, and their chocolate lab mix named Bella. They're excited to be here and look forward to exploring all that South Dakota has to offer.

Jen has two younger sisters and shares a birthday with the youngest one. She enjoys reading classic novels, fishing, boating and outdoor concerts. She's also a fan of reading foodie blogs and trying out new recipes.



Jennifer with Ben and Bella

Please join us in welcoming Jen to HPP club! Feel free to send a note (or a favorite recipe) to Jen at her contact information listed below.

Jennifer Eirikson
Region 2 Preparedness Coordinator

South Dakota Department of Health
Office of Public Health Preparedness and Response
600 East Capitol Avenue
Pierre, SD 57501
O: 605-773-2791
C: 605-280-5238
Jennifer.Eirikson@state.sd.us



Jennifer Eirikson
Region 2
HPP Coordinator

JOINT COMMISSION LAUNCHES NEW SITE



The Joint Commission recently launched an [Emergency Management Portal](#) that provides free disaster preparedness resources.

You'll find:

- Standards FAQs, revisions to requirements, and news statements related to emergency preparedness
- Crisis and weather management resources from the American Meteorological Society, the *Annals of Emergency Medicine* and regional health systems
- Information about codes and alerts, exercises and drills, and public health readiness
- Links to recent, relevant articles published in *Environment of Care*® News

Questions or comments may be sent to emergencypreparedness@jointcommission.org or Contact: Daniel Castillo at dcastillo@jointcommission.org



EBOLA UPDATE

SANDY FRENTZ
PUBLIC HEALTH MANAGER
CITY OF SIOUX FALLS HEALTH DEPARTMENT

Can a HiPPO get Ebola?

Oh, goodness, I hope not! Bats are strongly implicated as both reservoirs and hosts for the Ebola virus. According to the Centers for Disease Control and Prevention (CDC), there are five identified Ebola virus subtypes; four are capable of human-to-human transmission. Initial infections in humans result from contact with an infected bat or other wild animal.

The current Ebola outbreak in West Africa is receiving intense national and international media attention. The CDC is reporting this as the largest Ebola outbreak in history and the first in West Africa. The current outbreak is affecting four countries in West Africa: Guinea, Liberia, Nigeria, and Sierra Leone. The CDC reports that this outbreak has sickened 2,615 people (suspected and confirmed cases as of August 20), 1,427 of whom have died (nearly 55 percent).

The virus that causes Ebola is an interesting virus. It has the ability to lay dormant for years and then resurface. It is spread through direct contact with the blood or body fluids of a person who is sick with Ebola, or with objects like needles that have been contaminated with the virus, or through infected animals. A person infected with Ebola virus is not contagious until symptoms appear. Ebola is not spread through the air or by water or, in general, by food.

While they feel this outbreak does not pose a significant risk to the United States, the CDC is working hard to support the international response to this crisis.

The CDC is working with international public health organizations, other federal agencies, and the travel industry to identify sick travelers arriving in the United States and take public health actions to prevent the spread of communicable diseases.

The CDC also is assisting with exit screening and communication efforts in West Africa to prevent sick travelers from getting on planes.

The CDC recommends that people avoid nonessential travel to Guinea, Liberia, and Sierra Leone and recommends that people practice enhanced precautions if traveling to Nigeria.

How can all of this potentially impact South Dakota? With global travel, community members working abroad and students returning from affected countries to continue their college educations at our local colleges and universities, we need to have a heightened situational awareness. The CDC has developed interim guidance for Healthcare Workers, EMS Workers and Funeral Home workers. They have published information on screening/testing for the illness (the Minnesota State Health Lab is our closest CDC Laboratory Response Network Ebola Testing site), and they have developed multiple educational packets in several languages. For more information about Ebola click on the CDC logo.



ANNOUNCEMENT - EICS URL CHANGED ON AUGUST 20, 2014

With the release of eICS v 2.2 on Wednesday August 20th, the eICS URL changed from

<https://hics.emsystem.com/hics> to <https://hics.emsystem.com>.

For now, users who go to the old URL will automatically be redirected to the new URL.

For Microsoft Office integration to work properly, users must make the new URL a trusted site for Internet Explorer. The online help within eICS instructs users to specify both https://*.emsystem.com and https://*.intermedix.com as trusted sites. If you have made these URLs trusted sites in the past, you will not encounter any problems.

To access information on making a URL a trusted site, refer to the "Trusted Sites" section of the eICS Online Help. <https://hics.emsystem.com/hics/Web/Help/index.htm>



THE HOSPITAL PREPAREDNESS PROGRAM OBSERVER

COALITION MEMBERS PARTICIPATE IN DISEASE SURVEILLANCE FOR RALLY

This year for the Sturgis Rally we conducted active surveillance from 30 Jul – 12 Aug. There were 8 facilities in the Northeast, 9 facilities in the Southeast, 3 facilities in the Central region, and 28 facilities in the West selected for reporting. Facilities were asked the following questions each day for the previous day's visits and to report their answers via HAvBED daily by 11 AM CST.

Did your facility have any rally related illness such as:

- Diarrhea/gastroenteritis plus vomiting or abdominal cramps (Y/N)

- Sudden onset blurred/double vision with drooping eyelids (Y/N)
- Fever with rash (greater than 100 degrees F (Y/N)
- Fever plus cough or sore throat (Y/N)
- Sepsis (organ failure) (Y/N)
- Other unusual disease cluster (Y/N) If yes please describe in comments section.

The purpose of active surveillance for large scale gatherings is to detect illness or disease early so that prevention measures can be applied early on and the spread of disease is limited. We were fortunate this year



with only a few instances of disease and no outbreaks being reported. That's what we hope will happen again next year when the number of attendees is expected to increase dramatically.

However, we need to be prepared for a large scale outbreak and plan to conduct active surveillance in a similar manner as was done for this year's rally. Working together we can make this surveillance process as easy as possible for all parties involved and still gather valuable information.

We greatly appreciate South Dakota healthcare facilities for their participation as good Public Health partners.

Enterovirus D68 Surveillance and Reporting for South Dakota Healthcare Providers

The CDC has issued an early MMWR update on the Enterovirus D68 outbreak [Click here to view](#)

There are no available vaccines or specific treatments for Enterovirus-D68, and clinical care is supportive.

Health care providers should consider EV-D68 as a possible cause of acute, unexplained severe respiratory illness.

Suspected clusters or outbreaks should be reported to the SD Dept. of Health at **1-800-592-1861** (Vicky Horan).

Laboratory testing for severe and hospitalized patients may be arranged through the SD Public Health Laboratory (Danette Hoffman) at **1-800-592-1861**.

Find more information about Enterovirus D68 on page 9.

There's a name for that!

Ever get the rumbling in your tummy? The one where you're not hungry, but something's happening...

Well, it's called **borborygmus** and it's made by the movement of fluid and gas in the intestines. Now ya' know!

Pronounced: bor-bo-ryg-mus

SHARING YOUR HARVEST

With summer winding down and fall on the horizon, many of us are now enjoying the bounties of our gardens. And for some, "reaping what you sowed" may be more than you bargained for! If you find yourself wondering what to do with all those "extra" veggies, here are a few ideas:



Share with friends and family. Take a basket of your extras to work or church, free for the pickin'! And if you want to see your veggies go, take a few minutes to give them a rinse and put them in a nice basket or bowl for display. The grocery sack full of cucumbers, cherry tomatoes, dirt and spiders isn't super appealing. A little presentation will go a long way!

Donate to charity. Check your local community to see if the food bank, homeless shelter, nursing home or other group would benefit from a donation of fresh vegetables. Be sure to call first so you can be certain they will be able to use them.

Can it! When all else fails, you can always make salsa!

ENTEROVIRUS IN MIDWEST STATES



Enteroviruses and Enterovirus D68

Background

Enteroviruses

Enteroviruses are very common viruses; there are more than 100 types.

It is estimated that 10 to 15 million enterovirus infections occur in the United States each year.

Most people infected with enteroviruses have no symptoms or only mild symptoms, but some infections can be serious.

Infants, children, and teenagers are most likely to get infected with enteroviruses and become sick.

Most enterovirus infections in the United States occur seasonally during the summer and fall.

Enterovirus D68

Enterovirus D68 (EV-D68) infections are thought to occur less commonly than infections with other enteroviruses.

Symptoms

EV-D68 usually can cause mild to severe respiratory illness. However, the full spectrum of EV-D68 illness is not well-defined.

Transmission

EV-D68, like other enteroviruses, appears to spread through close contact with infected people.

Treatment

There is no specific treatment for EV-D68 infections. Many infections will be mild and self-limited, requiring only treatment of the symptoms. Some people with severe respiratory illness caused by EV-D68 may need to be hospitalized and receive intensive supportive therapy. No anti-viral medications are currently available for treating of EV-D68 infections.

Prevention

There are no vaccines for preventing EV-D68 infections.

Ways to help reduce the risk of getting infected with EV-D68:

- Wash hands often with soap and water for 20 seconds, especially after changing diapers
- Avoid touching eyes, nose and mouth with unwashed hands
- Avoid kissing, hugging, and sharing cups or eating utensils with people who are sick
- Disinfect frequently touched surfaces, such as toys and doorknobs, especially if someone is sick

Guidance for Healthcare Professionals

Healthcare Professionals should be aware of EV-D68 as a potential cause of respiratory illness. Consider laboratory testing of respiratory specimens for enteroviruses when the cause of infection in severely ill patients is unclear. Typing for enteroviruses is not readily available. Report outbreaks of enterovirus infections to state health departments for further guidance.

Surveillance

There will not be a daily count of cases as U.S. healthcare professionals are not required to report known or suspected cases of EV-D68 infection to health departments because it is not a reportable disease in the United States. Also, CDC does not have a surveillance system that specifically collects information on EV-D68 infections. No data is currently available regarding the overall burden of morbidity or mortality from EV-D68 in the United States. Any data CDC receives about EV-D68 infections or outbreaks are voluntarily provided by labs to CDC's National Enterovirus Surveillance System (NESS). NESS collects limited data, focusing on circulating types of enteroviruses and parechoviruses. CDC is working with state and local health departments and clinical and state laboratories to enhance their capacity to identify and investigate outbreaks and to perform diagnostic and molecular typing tests to improve detection of enteroviruses and enhance surveillance.

Guidance to Parents

Children with cold like symptoms that experience difficulty breathing, are asked to consult with their family physician for further evaluation. There will not be a daily count of cases as U.S. healthcare professionals are not required to report known or suspected cases of EV-D68 infection to health departments because it is not a reportable disease in the United States. Also, CDC does not have a surveillance system that specifically collects information on EV-D68 infections.

See guidance South Dakota providers on page 8.

A DOLPHIN TALE – AN EPIC POEM OF ONE MANS JOURNEY TO DISCOVERY -BY SAM HILL

At Cedar Shores Resort in June 2014,
The South Dakota Healthcare Coalition convened.

After a long first day of their Inter-Regional meeting,
They rushed to the patio for immediate seating.

Burgers and brats, a raucous game of volleyball,
Good company and good times were being had by all.

But then Sam and Heather noticed a boy and his dad,
They were searching the lawn, and the boy looked sad.

So they strolled over and asked, "Can we help you find somethin'?"
The son peered up and said, "Yes. I lost my dolphin."

The one inch bauble had fallen off his necklace,
Reunification seemed all but hopeless.

His critter was somewhere in this acre of lawn,
Sam started to panic, "Let's get Carol! We'll send out a HAN!"

"Relax!" said Heather, "We mustn't over think it.
We'll just do what we do best to find this lost trinket."

So just as the first bean bag was tossed,
Word got out that something was lost.

We rallied the troops, Regions 1, 2, 3, 4.
United as one we can do so much more.

There was a lot of ground to cover to help this poor kid,
And we decided it would be best to search in a grid.

So we made a straight line standing elbow to elbow,
Our eyes to the ground, scanning the green turf below

The parents explained they were from Arizona,
Enjoying a vacation here in Oacoma.

And though they were grateful, they hated to impose,
And decided it was time to bring the search to a close.

So after half an hour they thanked us our efforts,
But little did they know, they were dealing with experts!

"Leave if you will and take your kid home,
But we're gonna keep searching with a fine toothed comb."

"We must find that dolphin. We'll settle for nothing less.
It's no longer about you! It's about our success!"

The family relented and pulled up a seat,
As we raked through the blades in just our bare feet.

A now unified front, we were on a quest,
As we swept the lawn from east to west

Then barely audible above a passing boats roar,
We heard someone say, "Is this what you're looking for?"

There in Gordon's hand, so tiny and brown,
Was a bottlenose dolphin, once lost and now found.

Everyone cheered, overcome with joy,
As he handed the dolphin back to the boy.

Grasping his treasure, his lip started to quiver,
He'd met his new hero, on the banks of the Missouri River.

And just as the sun began to sink,
The dad bought Gordon a heroes drink.

But as we all celebrated and basked in the glory,
We knew there was something more to this story.

For here in this Kentucky bluegrass fortress, *(pause for effect)*
Gordon Dekkenga had finally found a porpoise.



The search.



A boy and his hero.



The dolphin.





In the Spotlight: Inter-regional 2014



The Educated Hippo!!

TEEX Course

"Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure"

Learn how hospitals and healthcare organizations are vulnerable to a disaster. Participants will be introduced to the various natural, technological, and civil hazards to which hospitals and healthcare organizations may be vulnerable and the potential impacts of those hazards.

Federal guidelines and legislation that serve to aid in the preparedness for, and response to, incidents involving these hazards are discussed, as are current emergency management standards for the hospital community. Participants review response and recovery issues that should be addressed by medical facilities and organizations in preparation for a large-scale incident, including identification of critical resources necessary for response and recovery. Only 32 seats available for this session.

Sioux Falls

Sanford Stevens Center

November 17-18, 2014

Email Greg.Santamaria@sanfordhealth.org to register.

Mass Fatalities Incident Response

The South Dakota Department of Health and Minnehaha County Emergency Management have partnered again to bring mass fatality incident management training to South Dakota response agencies.

This Mass Fatalities Incident Response Course (G386) is designed to provide participants with a basic understanding of how to plan for, respond to, and recover from a mass fatalities incident.

This is a two day FEMA course and your attendance is required for the entire two days to receive credit. There are only 35 spaces available for each session, so register early.

Rapid City

October 22-23, 2014 8am-5pm

Pennington County Emergency Management

[Click here to register](#)

For a printable flyer, please contact [Sam](#).

Aberdeen

November 5-6, 2014 8am-5pm

Brown County Courthouse Community Room

[Click here to register](#)

For a printable flyer, please contact [Sam](#).

Post it here!!

Is your facility hosting a training event?

Did you hear about a great webinar?

Do you have a suggestion for new classes?

If you have training opportunities that you would like to share with the coalitions, please e-mail Sam Hill at Samantha.Hill@state.sd.us

Introduction to the Incident Command System for Healthcare/Hospitals

This online FEMA course introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of ICS. It also explains the relationship between ICS and the National Incident Management System (NIMS). This course uses the same objectives and content as other ICS courses with healthcare/hospital examples and exercises.



[Click here](#) to begin this class.



Dear Coalition Partners,

Over the past year, the South Dakota Healthcare Coalition has experienced changes, challenges, growth and success. Here in the Office of Public Health Preparedness & Response, we began the year by hiring Sam Hill in Region 3, Pat Vanhunnik moved on to Missouri and shortly after, LaJean Volmer retired. Most recently we've hired Jennifer Eirikson to take on Region 2 while Andy Klitzke made the move to Region 1 and assumed day to day leadership of the Hospital Preparedness Program. Among the coalitions, we've seen longtime members retire and move on to other things and we've welcomed many new faces to the planning table. Through these many changes, you have all been welcoming and encouraging and have made these transitions smoother for all involved.

The coalition has also faced challenges. With uncertain and reduced funding, you've come together to define goals and structure as we move toward independent sustainability. You have all worked together to find creative and relevant ways to stretch limited dollars to increase capacity and enhance capabilities to provide healthcare during a variety of emergencies.

From the West River blizzard to flooding in the Southeast, a tornado in Wessington Springs, the SD HCC has proven to be organized, fortified, prepared and unified in their responses and recoveries. I truly appreciate the time, energy and thought you all put into this endeavor while still managing the many responsibilities and obligations you oversee. South Dakota is lucky to have this exceptional group working on their behalf.

Sincerely,

Bill Chalcraft

Administrator, Office of Public Health Preparedness and Response

South Dakota Department of Health

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SOUTH DAKOTA DEPARTMENT OF HEALTH

South Dakota Healthcare Coalition

Mission: To enhance statewide relationships for Healthcare Emergency Preparedness, Response and Recovery.

Vision: To significantly improve coordination of healthcare resources among South Dakota Healthcare Coalitions.

SOUTH DAKOTA DEPARTMENT OF HEALTH

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The Happy Hippo!

Page 15 Bonus!

WORD SEARCH

S H P P G U I D E V N S N S B
I N K P Z O O H O O A K O U E
E R I Q N A A L U X P Z I M A
Y R R A F H L C E Q A Q S A N
U B W U H E O T O J K P O T B
B G B J Y C T L Q M I I L O A
M R L B R S Y N N H A F P P G
W L A G E T H E S Q T L X O T
C L R W G E G R K G Y J E P O
L A N O I G E R R E T N I P S
F C J B G N S K Q Z S E J I S
X N O I T I L A O C V M R H L
S E A R C H P A R T Y C K F E
C A A M E V Q N X K X Y Z G Q
I P K M L M F P Z L V I C K K

Inter-Regional Recap

BEAN BAG TOSS	OACOMA
COALITION	PARTNERSHIPS
EXPLOSION	SEARCH PARTY
HPP GUIDE	VOLLEYBALL
INTERREGIONAL	WEST TEXAS
KEY CHAINS	

Bonus Word

H _ _ P _ _ O _ _ M _ S

MEDICAL MIX-UP! - SYMPTOM SCRAMBLE

1. zeisgnne _____
2. vfeer _____
3. eeadhach _____
4. unnry esno _____
5. ohnugicg _____
6. orse ohtrat _____
7. mognitiv _____
8. hllsci _____
9. obdy ahecs _____
10. utiegaf _____

Unscramble the flu symptoms to the left.

(And don't forget to get your flu shot!)

